

Case Number:	CM15-0164915		
Date Assigned:	09/02/2015	Date of Injury:	02/02/2011
Decision Date:	10/30/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/21/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, California
 Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 48 year old, female who sustained a work related injury on 2-2-11. The diagnoses have included lumbar disc displacement without myelopathy, lumbago and thoracic or lumbosacral neuritis-radiculitis. She is currently being treated for low back pain. Treatments in the past include oral medications, home exercises, a left L4-5 transforaminal epidural steroid injection (2-3 with great relief in 2013), physical therapy (additional 6 sessions in 2011), acupuncture, traction and exercise. Current treatments include medications and home exercises. Medications she is currently taking include Norco, Prilosec, Flexeril, Topamax, Ibuprofen and a Merlo dose pack. In the progress notes dated 7-13-15 and 8-10-15, the injured worker reports ongoing pain in her low back and bilateral legs into her big toes. She rates her pain a 4 out of 10 with medications. She has difficulty with sitting and standing. She has to change positions frequently. She states that lifting a gallon of milk makes her pain worse. Other activities that make pain worse are bending, running, high impact aerobics, and going down stairs. She has trouble finding a comfortable position at night. She states pain is made better with medications and yoga. She states the ibuprofen helps with the pain and the Topamax helps with the nerve pain down her leg but she still has a lot of pain in her low back and in her legs. On physical exam, she has loss of normal lordosis with straightening of the lumbar spine and truncal obesity. Lumbar range of motion includes flexion to 50 degrees, extension to 20 degrees and right and left lateral bending to 35 degrees. Lumbar paravertebral muscles are tender on the left side. Straight leg raises are positive in both legs to 40 degrees. MRI report dated 7-13-15 noted in the progress notes give the impression: "mild degenerative changes as described, with no significant

spinal canal stenosis or nerve root impingement." She is working modified duties. The treatment plan includes continuation of Norco, Flexeril, Topamax, Prilosec and to continue with home exercises. The Request for Authorization, dated 8-10-15, requests Norco, Flexeril, Topamax, Prilosec, Ibuprofen, a medrol dose pack and chiropractic treatments x 6 sessions for lumbar spine. The Utilization Review, dated 8-14-15, states Prilosec and Ibuprofen are certified. As for Norco, there is no objective evidence of functional benefit from its use and weaning should have already taken place, the medical necessity of Norco 10/325mg #30 is not established. As for Flexeril, there is no evidence of muscle spasm upon examination and the injured worker has been on this medication long-term. Therefore, the medical necessity for Flexeril 10mg. #30 is non-certified. As for Topamax, it was non-certified in a peer review dated 7-23-15. The submitted documentation is still insufficient for evidence of efficacy. Topamax 100mg. #60 is non-certified. As for the Medrol dose pack, ODG guidelines do not support the use of oral corticosteroids for chronic pain. The Medrol 4mg. dose pack is non-certified. As for chiropractic treatments, there is no documented previous therapy and the submitted documentation does not mention any significant episode that led up to a flare-up of symptoms. The chiropractic x 6 sessions for the low back is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above-recommended documentation. The IW has been taking this medication for a minimum of 6 months. The documentation does not support the IW's specific response to the use of this medication. There is no discussion or results of any drug screens as is recommended by the guidelines. Without the support of documentation, the request for opiate analgesia is not medically necessary.

Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: According to CA MTUS, cyclobenzaprine is recommended as an option for short course of therapy. Effect is noted to be modest and is greatest in the first 4 days of treatment. The IW has been receiving this prescription for a minimum of 6 months according to submitted records. This greatly exceeds the recommended timeframe of treatment. In addition, the request does not include dosing frequency or duration. The IW's response to this medication is not discussed in the documentation. The request is not medically necessary.

Topamax 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: CA MTUS chronic pain guidelines recommend the use of topiramate for chronic pain, but reports variable efficacy with its use. Guidelines further report failure of relief of neuropathic pain with this medication. The IW has been receiving this medication for a minimum of 6 months. The submitted documentation does not discuss the IW pain response to this medication. Furthermore, the request does not include dosing frequency or duration. Without the support of the guidelines or documentation, the request is not medically necessary.

Medrol 4mg dose pack: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: oral corticosteroids.

Decision rationale: Ca MTUS is silent on this topic. According to the above referenced guideline, oral corticosteroids are "not recommended for chronic pain, except for Polymyalgia rheumatic (PMR)." The IW does not have a diagnosis of PMR. Documentation supports the IW has previous been prescribed corticosteroids, but response to this medication was not documented. It is unclear why it is being requested at this time. Without support of the documentation or the guidelines, request for Medrol dose pack is not medically necessary.

Chiropractic visits for low back Qty: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: CA MTUS chronic pain guidelines for manual therapy and manipulation are used in support of this decision. It is assumed this request is for first time chiropractor evaluation and treatment. Documentation does not support the IW has previously undergone such treatments. According to referenced guidelines, manual therapies are recommended for musculoskeletal conditions. It is unclear from documentation, what has changed that chiropractic care has been requested. The IW has previously had physical therapy, but there is no documentation of an ongoing home exercise program. There is no documentation of a new injury or new symptoms. The IW is being prescribed the same medications at the same doses. Without support for new subjective or objective findings, the request for chiropractic care is determined not medically necessary.